

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Michael J. Bernard

Mailing Address 1670 Ashford Cir Ne

City

North Canton

State

OH

Zip Code

44720-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 18 / 2013

Transaction ID : 8667071

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Diana Wolf Abbott

Mailing Address 310 Pine Ridge Dr

City

Bloomfield Hills

State

MI

Zip Code

48304-2139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 18 / 2013

Transaction ID : 8667073

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. David E. Drake

Mailing Address 3944 Orchard Ln
PO Box 394

City

Scotland

State

PA

Zip Code

17254-0394

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 18 / 2013

Transaction ID : 8667074

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00